

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Long</i>		3/3/0
O.I.P.E. CLASSIFIER		10	3-13-00
FORMALITY REVIEW	<i>SB</i>	65575	4/28/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	9/19/01
2	✓	✓	12/12/02
3	✓	✓	12/17/02
4	✓	✓	6/13/03
5	✓	✓	5/17/04
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	9/19/01
52	✓	✓	12/12/02
53	✓	✓	12/17/02
54	✓	✓	6/13/03
55	✓	✓	5/17/04
56	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	6/30/02
102	✓	✓	5/17/04
103	✓	✓	
104	✓	✓	
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143	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)